

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable:
(Month, Day, Year)

06/03/2014

☐ Amendment (Explain Below)

Date Stamp

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CITY OF TORRANCE
CITY CLERK'S OFFICE

CALIFORNIA
FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 14.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Clint A. Paulson

STREET ADDRESS

CITY

Torrance

STATE

CA

ZIP CODE

90503

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Council member

JURISDICTION (LOCATION)

Torrance

DISTRICT NUMBER
(IF APPLICABLE)

N/A

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

03/06/2014

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form